

**KENTUCKY TAX AMNESTY APPLICATION**

(Application must be completed in its entirety. Print or type.)

INDIVIDUAL		BUSINESS	
Taxpayer's Last Name      First Name      M.I.		Business Name	
Spouse's Name (if joint/combined individual income tax)		DBA (if applicable)	
Taxpayer's Mailing Address		Business Mailing Address	
City	State      Zip Code	City	State      Zip Code
County of Residence		Out of Business Date (if applicable)	County of Business Location
Taxpayer's Social Security No.	Spouse's Social Security No.	Principal Officer/Owner Name	Title      Social Security No.
		Corporate officers and LLC members may be individually assessed for corporation or LLC tax liabilities. Are you paying this liability as a corporate officer or LLC member? Y or N (please circle) If yes, please include the officer's address in the Individual Section.	
Daytime Phone No.	Evening Phone No.	E-mail address	
If you are a business taxpayer, enter the account number of the tax types for which Tax Amnesty is requested.			
Withholding Tax No.	Corporation Tax No.	Sales and Use Tax No.	Coal Tax No.

**PAYMENT METHOD**

To pay electronically, first fax the completed, signed application and any associated returns to 502-564-9200. The Department of Revenue will contact you at the daytime phone number provided for electronic payment information.

To apply and pay by mail, make all checks or money orders payable to the Kentucky State Treasurer and notate "amnesty" on your payment. Mail your payment, along with this signed certification page and any applicable returns or reports to the Department of Revenue, P. O. Box 6950, Frankfort, KY 40602.

**Total Amount Due**
**Tax Due on Attached Returns (additional liability will be billed and must be paid within 10 days)**      \$ \_\_\_\_\_

**Amount Due on Unpaid Notices**      \$ \_\_\_\_\_

**Total Due**      \$ \_\_\_\_\_

**The table along with the completed certification must be submitted.**

[illegible]

**CERTIFICATION**

I certify that I am eligible for the Kentucky Tax Amnesty Program as defined in KRS 131.400 *et seq.* and that the information contained within, along with all accompanying returns and reports, is, to the best of my knowledge, true, correct, and complete. I understand that I am solely responsible for disclosing all taxes for which I am statutorily liable.

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Name of Taxpayer *(please print)*

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Full Mailing Address of Taxpayer

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Signature of taxpayer or authorized agent

Title

Date

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Signature of spouse *(if joint/combined individual income tax)*

Date

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Daytime Phone

Evening Phone

E-mail Address